



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

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|--|----------------------|--------------------------|---|--------------------------------|
| FACILITY NAME COLTON COMMUNITY CENTER | | DATE 9/8/2015 | REINSPECTION DATE Not Specified | PERMIT EXPIRATION 7/31/2016 |
| LOCATION 670 COLTON AV, COLTON, CA 92324 | | | INSPECTOR John Babalola | |
| MAILING ADDRESS 650 LA CADENA DR, COLTON CA 92324 | | | IDENTIFIER: Splash Pad | |
| <input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT | | | SERVICE: 001 - INSPECTION - ROUTINE | |
| TIME IN 10:44 AM | TIME OUT 11:08 AM | FACILITY ID FA0001922 | RELATED ID PR0034206 | PE 3621 |
| | | | RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED | |
| | | | ACTION: 01 - NO FURTHER ACTION REQUIRED | |

RECREATIONAL HEALTH - Public Pool - Additional Pool at Facility

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.

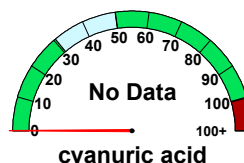
100

SCORE

Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

See the following pages for the code sections and general requirements that correspond to each violation listed below.

| |
|-------------------|
| Ideal |
| In Compliance |
| Not in Compliance |



| | |
|---------------------|---------|
| temperature (°F) | No Data |
| observed flow (gpm) | No Data |
| required flow (gpm) | No Data |
| volume (gal) | No Data |
| area (sq ft) | No Data |
| occupancy | No Data |

IMPORTANT: Replacement of Suction Outlet Covers

Suction Outlet covers (anti-entrapment covers over main drains and skimmer equalizer outlets) shall be replaced upon expiration. The expiration (in years) is stamped on the front of each cover, indicating the amount of time the cover is valid after installation. Each replacement cover shall:

1. Meet the latest ANSI/APSP-16 performance standard
2. Be rated for the maximum designed flow-rate of the pump

Retain all records which indicate the make/model number of the replacement cover and date of installation. Records shall be made available to your inspector upon request.

36K952 Drained Pool or Spa Inspection

| | |
|--------------|--------------------------------|
| POINTS NA | Compliance Date: Not Specified |
| | Not In Compliance |
| | Violation Reference - HSC |

Inspector Comments: The splash pad is drained and not in use at the time of inspection.

Description: An inspection was conducted at this time on a drained pool or spa. Contact DEHS prior to filling with water and/or operating.

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME: SALLY JUAREZ
TITLE: REC SPECIALIST

Total # of Images: 0